

HealthWorks 2014-2015 Influenza Vaccine Consent Form

Section 1: Information about Person to Receive Vaccine (please print)

Name (Last)	(First)													
Date of Birth	Age M/F													
Daytime Phone Number	Employer													
Insurance Member ID: (Example: Anthem = YRP123M45678, Humana = 001234567-01)														
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>														

Section 2: Please mark the corresponding boxes that apply to you:

1. Pre-Immunization Conditions: For your protection, you must accurately respond to each question in this section:

- ☐ Yes ☐ No Do you suffer from allergy or sensitivity to egg, egg products, thimerosal (mercury derivative used as a preservative)?
- ☐ Yes ☐ No Do you currently have an elevated body temperature (fever), acute respiratory or other active infections or illnesses?
- ☐ Yes ☐ No Are you currently on antibiotics?

2. Personal History: Has a physician or healthcare provider ever told you that you have or had any of the following conditions? Please mark ALL boxes that apply:

- ☐ Yes ☐ No Do you have a history of a neurological disorder causing temporary paralysis called Guillain-Barre syndrome?
- ☐ Yes ☐ No Have you had a tightening in your throat or inability to breathe, an allergic reaction immediately after a previous vaccination?

Section 3: Consent

<p>Consent for vaccination: Most commonly, the reactions may be sore or tender arm at the injection site if given a shot, or possibly fever, chills, headache or muscle aches. Symptoms usually last between 24-48 hours. I release HealthWorks and its affiliates from responsibility of any reaction resulting from the injection and I take full responsibility to seek medical attention should more severe symptoms occur. I acknowledge I have no condition including, but not limited to, those listed in Section 1 above "Pre-Immunization Conditions", that would prevent me from receiving an influenza vaccination at this time.</p> <p>I have read, or had explained to me, the 2014-2015 Vaccine Information Statement for the seasonal flu vaccine and understand the risks and benefits.</p>	
<p>I give consent to HealthWorks and its staff to administer the 2014-2015 Seasonal Influenza Vaccine to me.</p>	
Signature:	Date:
<p>Parent/Guardian Signature if under 18:</p>	

The 2014-2015 influenza vaccine contains the following strains:

- an A/California/7/2009 (H1N1)pdm09-like virus
- an A/Texas/50/2012 (H3N2)-like virus
- a B/Massachusetts/2/2012-like virus

Injection Site (Nurse Only):

Left

Right